

EXHIBIT 5

JOHN F. STAHL
January 14, 2014

Page 1

1 UNITED STATES DISTRICT COURT
2 EASTERN DISTRICT OF MICHIGAN
3 SOUTHERN DIVISION

4 JACK REESE, JAMES)
5 CICHANOFISKY, ROGER)
6 MILLER and GEORGE NOWLIN)
7 on behalf of themselves)
8 and a similarly situated)
9 class,)
10 Plaintiffs,)
11 vs.) Case No. 04-70592
12 CNH GLOBAL N.V.,)
13 formerly known as Case)
14 Corporation and CNH)
15 AMERICA LLC,)
16 Defendants.)

17
18 The discovery deposition of JOHN F. STAHL,
19 taken in the above-entitled cause, before
20 Deanna Amore, a notary public of DuPage County,
21 Illinois, on January 14, 2014, commencing at the
22 time of 9:04 a.m. at 227 West Monroe Street,
23 Chicago, Illinois, pursuant to notice.
24 Reported by: Deanna Amore, CSR, RPR
25 License No. 084-003999

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1 A. Express Scripts has a standard report that
2 they put together that they provided to us.

3 Q. And you used the data from the Express
4 Scripts standard report?

5 A. Correct.

6 Q. Did you use it or did somebody else use
7 it?

8 A. Somebody else took that report,
9 transferred the actual dollar numbers into an Excel
10 spreadsheet and then looked up each drug in an FDA
11 database to see when that drug was introduced so it
12 could be categorized by the year it was introduced.

13 Q. You didn't do that, looking it up --

14 A. I didn't do it personally, no.

15 Q. So you just took what they did, and you
16 looked at it?

17 A. That's correct.

18 Q. You didn't actually do any of the
19 analysis? They provided it to you?

20 MS. CAPOTOSTO: Object to form.

21 THE WITNESS: I believe the actual process
22 would have been Rob. Rob put together the
23 analysis. Nick checked it from a technical
24 perspective, and I reviewed it.

25

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1 BY MS. BRAULT:

2 Q. By the time you got it for review, all of
3 the calculations had been completed?

4 A. That's correct.

5 Q. Was there anything else that you relied
6 upon to reach the conclusion, the opinion that
7 you've listed as No. 3 in your report that you
8 haven't provided to us either in the body of the
9 report, the exhibits or in the documents marked
10 STAHL Exhibit 1 through 52?

11 A. No.

12 Q. With respect to Opinion No. 4, it says,
13 "Increased participants' cost sharing leads to more
14 cost-effective plan usage.. Specifically, increases
15 in cost sharing for brand-name drugs under the
16 proposed plan have led to higher utilization of
17 generic drugs and lower overall cost per
18 prescription."

19 That's your opinion?

20 A. It is.

21 Q. What is the methodology you used to reach
22 that opinion?

23 A. We were provided prescription drug claim
24 data and number of prescriptions for the pre-65
25 plans for both the grandfathered and

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1 non-grandfathered group on a year-by-year basis,
2 I believe, 2009 through 2013 -- I'm sorry -- 2010
3 through the first half of 2013. We examined the
4 two groups to see what portion of claims and costs
5 fell -- cost per prescription fell into basically
6 six categories: Generic, brand formulary, brand
7 non-formulary and then also retail and mail. And
8 we compared the costs in the utilization by
9 category between the grandfathered and
10 non-grandfathered groups.

11 BY MS. BRAULT:

12 Q. When you say "we," did you actually do
13 that or did you get it after it had already been
14 calculated?

15 A. I got it after it had already been
16 calculated, and I, again, reviewed the
17 calculations.

18 Q. Is there anything that you relied upon in
19 reaching a conclusion or your opinion in No. 4 that
20 isn't contained in your report, the exhibit or in
21 STAHL 1 through 52?

22 A. No.

23 Q. Is it your intention to rely upon anything
24 else in any future proceeding to support these
25 opinions?

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1 would have received by way of increased pension
2 benefits in that contract, correct?

3 A. That's correct.

4 Q. Or the step increases that they may have
5 received over the course of their contract,
6 correct?

7 A. Correct.

8 Q. So in terms of comparing the value of the
9 proposed plan and the current plan, at least your
10 evaluation of the differences does not include
11 whatever benefits the 2005 retirees might have
12 received that are considered either contractual or
13 pension benefits but not specific to the retiree
14 health care plan, correct?

15 MS. CAPOTOSTO: Objection. Form.

16 THE WITNESS: It does not.

17 BY MS. BRAULT:

18 Q. Does the fact of the Medicare Part D
19 program factor into your comparisons in any way?

20 A. Yes, it does.

21 Q. Tell me how.

22 A. It's reflected when we try and figure out
23 what the out-of-pocket cost would be for retirees,
24 Medicare retirees, when the post-65 drug program
25 has been eliminated, in terms of determining what

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1 their out-of-pocket cost will be, the assumption is
2 made that they will purchase a Part D plan and then
3 will receive benefits, basic Part D benefits under
4 that plan, and that the balance of their
5 out-of-pocket costs would be basically what isn't
6 covered through a Part D plan.

7 Q. Okay. I am going to ask you -- I am going
8 to go back to that, but I want to ask you, did the
9 Affordable Care Act factor into your comparisons in
10 any way?

11 A. Only to the extent it exacted an excise
12 tax. There was some consideration of the excise
13 tax. There was no -- that's where it came into
14 and, I guess, also to the extent that affected the
15 benefits offered under the Part D plan itself. For
16 example, they are closing the donut hole by 2020.
17 So that was an effect of the Affordable Care Act
18 that was reflected in the projections.

19 Q. Okay. And so the specific data that would
20 reflect the out-of-pocket cost to the retiree, can
21 you tell me which of these data files I would find
22 that?

23 A. Historical actual out-of-pocket costs are
24 you referring to?

25 Q. The one you said you considered the

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1 Medicare Part D program.

2 A. It would be -- I'm not sure. Whichever
3 the one that has the projections that went into
4 Exhibits 5 and 6. I am not sure which document
5 that was. I think it was towards the end. The one
6 that says liabilities, liability summary.

7 Q. This one here.

8 A. I believe that's the one.

9 Q. Is this the one you're talking about?

10 A. Yes.

11 Q. You are saying the out-of-pocket cost to
12 the post-65 prescription drug group is modified in
13 some way -- oh, I see your formula now.

14 Did you write that formula?

15 A. I would have assisted Peter and Rebecca in
16 developing that formula.

17 Q. So what you're doing is you're taking the
18 prescription drug cost from the current plan and
19 doing what to that formula?

20 A. We are essentially -- what we are
21 attempting to do is take the total prescription
22 drug covered cost under the old plan for a post-65
23 retiree. We are subtracting off the percentage of
24 the cost that would be paid by that one minus the
25 Part D premium number there, that's basically, it

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1 Q. And so one of the things that you said in
2 your opinions was that the medical plan provisions
3 of the proposed pre-65 plan compare favorably to
4 plan designs reflected in survey data, and it goes
5 on.

6 Did you compare the proposed plan to plans
7 with EGWPs for post-65 prescription drug coverage?

8 A. I did not.

9 Q. Why not?

10 A. We don't have -- the databases that we
11 have for retiree medical plans do not, I don't
12 believe, indicate whether they have EGWP or not as
13 part of the design.

14 Q. So several hundred or so employers, you
15 can't tell, but you don't think any of them have
16 EGWP?

17 A. I don't know how many may or may not have
18 EGWPs. It's not possible to determine from the
19 data.

20 Q. So the data is somewhat limited in terms
21 of making comparisons?

22 MS. CAPOTOSTO: Object to form.

23 THE WITNESS: It is limited for retiree plans.
24 The data -- you notice when you look at the data,
25 many plans have no plan whatsoever listed. So it's

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1 much more difficult to draw conclusions from the
2 data that's there for the retirees.

3 BY MS. BRAULT:

4 Q. So that, indeed, limits your opinion in
5 two. Your comparison is to mostly active
6 employees, right?

7 A. The comparison of benefits?

8 Q. Yes.

9 A. Entirely active employees.

10 Q. So it's not to retirees on any level?

11 A. That's correct.

12 Q. Okay. Did you try to do any kind of
13 comparison to retiree plans?

14 A. It would have been, A, difficult to do
15 because of the way the data is, but also the
16 comparison, the database would show a significant
17 proportion of employers don't provide any retiree
18 medical benefits. So that would, right off the
19 bat, make the plan, any comparison of any plan that
20 provides benefits look better right off the bat.
21 So it didn't seem to be necessarily the best
22 comparison to use.

23 Q. Do you know of any benefit that the
24 retirees would receive from -- that switched from
25 the current plan to the proposed plan?

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1 MS. CAPOTOSTO: Object to form.

2 THE WITNESS: When you say benefit --

3 BY MS. BRAULT:

4 Q. Is there anything about the plan that
5 would be a benefit for them?

6 A. An improvement in benefits?

7 Q. An improvement in their benefits or
8 financial situation or in any way benefit them.

9 MS. CAPOTOSTO: Object to form.

10 THE WITNESS: I'm not aware of any.

11 BY MS. BRAULT:

12 Q. It's true that there is no good thing
13 that's in the proposed plan --

14 MS. CAPOTOSTO: Object to form.

15 BY MS. BRAULT:

16 Q. -- that's not in the current plan?

17 MS. CAPOTOSTO: Object to form.

18 THE WITNESS: When you say "there is no good
19 thing" that -- it's a subjective determination
20 whether it's a good thing. That would be -- the
21 way I interpret that is there is nothing good about
22 the new plan. I don't know that I believe that is
23 the case.

24 BY MS. BRAULT:

25 Q. Well, they are already covered by the

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1 A. Correct.

2 Q. Do you know how much -- what somebody on a
3 fixed income can typically afford to pay for an
4 insurance premium?

5 A. I do not, no.

6 Q. In the year 2032 what would the post-65
7 burden be?

8 A. I am sorry. 2032?

9 Q. Yeah, going down to the end.

10 A. It would be, post-65, 1678, 758 and 4681,
11 7,017.

12 Q. Is there a percentage of household income
13 or a percentage of household assets that you use as
14 a benchmark to determine whether or not someone is
15 likely to pay a premium and participate in a plan
16 or in the alternative forgo the plan and get
17 prescription or get health care benefits elsewhere?

18 MS. CAPOTOSTO: Object to form.

19 THE WITNESS: I have not seen it, the testing
20 done that way. What I've typically seen is to
21 compare the cost of the plan against other
22 commercially available products. So if you look at
23 what's available in the Medicare supplement or
24 Medicare advantage market.

25 BY MS BRAULT:

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1 Q. Do you know how these costs compare to
2 other product or projections for other products?

3 A. I don't know how they would compare
4 against projected out to 2032. I know on a
5 relative basis how they compare right now.

6 Q. How do they compare right now on a
7 relative basis? The premium in total
8 out-of-pocket.

9 A. The answer is generally -- is that in 2013
10 the out-of-pocket cost would start out very low,
11 and they compare very favorably. It's only over
12 time as the premium grows to 60 percent of the
13 increase, that that starts getting to be more
14 significant.

15 Q. Can you tell when it becomes sort of a
16 more significant item in relation to other products
17 that might be available on the market?

18 MS. CAPOTOSTO: Object to form.

19 THE WITNESS: There is no way to tell. It
20 would require this type of projecting what's
21 available on the market 10 and 20 years out, and
22 that market is just not -- is more volatile.

23 BY MS. BRAULT:

24 Q. Do you know of any other premiums that are
25 part of a product that somebody purchases where the

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1 premiums go up each year based upon a formula like
2 this one?

3 A. Well, I'm not sure, but I can say it's a
4 formula like this one. But any health care
5 coverage, typically, will go up as your age
6 increases, certainly in a non-Medicare group will
7 go up as your age increases, and the cost
8 increases.

9 Q. I am not talking necessarily about when
10 you first purchased the insurance, but as you are
11 covered under the insurance, 60 percent of the cost
12 of the plan seems to be a pretty steep incline as
13 you go up because you are going to, obviously, the
14 amount of increase is going to go up into the
15 future.

16 MS. CAPOTOSTO: Object to form.

17 THE WITNESS: With respect to coverages
18 available on the open market, no, I'm not aware of
19 any that would increase in that way, but it
20 wouldn't be able to because you would already be
21 paying a hundred percent. It would just go up with
22 trend.

23 For other employer plans, it's not uncommon.
24 In fact, it's increasingly more likely for
25 employers to say we will pay the cost of the plan

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1 Q. And there wasn't any particular logic to
2 the years 2011 to 2013?

3 A. That's just what happens to be populating
4 the database right now. It wasn't a conscious
5 decision to exclude any data. The totality of the
6 data that's in there is from those years.

7 Q. What is this database typically used for
8 in non-litigation practice?

9 A. Many times when an employer looks at their
10 cost from year to year, they look at their plan
11 provisions to see if they are in line with what
12 other companies are doing.

13 Q. So this is really designed to assist
14 employers in making plan design choices
15 prospectively?

16 A. Correct.

17 Q. You only need the last few years because
18 you are looking at what's in line with what's going
19 to be done in the future, not necessarily what's in
20 line with what's been done in the past?

21 A. Right.

22 The idea is to have something that helps
23 project -- make a reasonable anticipation of what
24 will happen next year is what they are mostly used
25 for.

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1 Q. Now, did you exclude any part of the
2 employer groups by industry? In other words, did
3 you make any attempt to select employers that were
4 within the same type of industry as CNH?

5 A. No, we didn't.

6 Q. Did you make any attempt to distinguish
7 between plans that covered salaried versus hourly
8 employees?

9 A. Virtually, all the data -- virtually, all
10 the companies would be covering salaried employees.
11 We have a limited number of data as it would apply
12 to bargained plans.

13 Q. Limited data -- so you didn't then --
14 obviously, you didn't go through because there is a
15 difference between hourly and bargained hourly,
16 correct?

17 A. That's correct. I don't know, to the
18 extent -- to what extent these plans might be
19 covering non-bargained hourly employees or
20 salaried.

21 Q. What about bargaining hourly?

22 A. Generally speaking, these plans would not
23 be covering bargained hourly plans in the
24 comparison set.

25 Q. And you are saying that because of your

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1 familiarity with the group or because there is
2 actually a data point that you can look at and say
3 this number percentage is bargaining and this
4 number isn't?

5 A. There is no data element on there that
6 says bargain versus non-bargain that I can see.
7 I believe we have a separate database that has
8 not -- has bargained plans in it. It's would be a
9 much smaller and less well-populated database.

10 Q. Do you know how many employers are in that
11 separate database?

12 A. I don't know off the top of my head.

13 Q. What would you guess? Is it half the size
14 of this one?

15 A. I guess it's even much less than that.

16 Q. 25 percent?

17 A. If I had to guess, probably that amount or
18 lower.

19 Q. So if it's like 900 in this one, 700, I
20 think I saw, 900, it says nearly 900 companies. So
21 25 percent of that is?

22 A. 225.

23 Q. Thank you.

24 A. I don't know the exact number. I just
25 know it's not as big of a data set.

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1 Q. Would it be fair to say that the benefits,
2 particularly health care benefits, that are
3 bargained for by a collective bargaining process
4 are generally richer benefits than those that are
5 not bargained for by a collective bargaining
6 process?

7 MS. CAPOTOSTO: Object to form.

8 THE WITNESS: I don't know that that's true.
9 Sometimes -- it just depends on the industry. I've
10 seen some industries where the bargained benefits
11 are exactly the same as salaried or not as good.
12 It depends on the bargaining position of the union
13 and the industry.

14 BY MS. BRAULT:

15 Q. And a lot of what happens in bargaining is
16 that they bargain over provisions, right?

17 MS. CAPOTOSTO: Object to form.

18 BY MS. BRAULT:

19 Q. Including health care provisions?

20 A. Yes.

21 Q. Have you been called upon to assist
22 clients while they are in bargaining to talk about
23 cost of the plans -- I'm sorry, not cost of plans
24 but cost of plan design elements or even plans,
25 I guess, altogether?

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1 points?

2 A. It would likely have the same data points.
3 It just would be just a much smaller group of
4 companies.

5 Q. So if you have a separate database for
6 retirees that are covered under collective
7 bargaining agreements, plans that are covered by a
8 collective bargaining agreement, then it would make
9 sense that this one that you have actually excludes
10 bargaining groups, right?

11 MS. CAPOTOSTO: Object to form.

12 BY MS. BRAULT:

13 Q. Or is that a subpart of this one?

14 A. It would make sense because I don't see
15 a -- without -- otherwise, there would be a column
16 saying bargain or non-bargain on it. I don't see
17 that column.

18 Q. So that means to you that they are all
19 non-bargaining, right?

20 A. That's what it means to me.

21 Q. And CNH is not in here; is that right?

22 A. I don't know.

23 Q. It's alphabetical, right?

24 A. Yes.

25 Q. Would it be under Case? I looked. They

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1 are not in here as far as I could find them. They
2 are not in here under Case. Maybe CNH? No.

3 Let's talk about the "Covered Services and
4 Prescription Drugs." I don't want to repeat what
5 we already did on this. You say, "A high
6 percentage of the actual cost for medical and
7 prescription drugs for the current plan over the
8 period 2008 through 2012 involved procedure codes
9 or drugs that did not exist in 1998."

10 And then you have a conclusion sentence,
11 "As a result, the proposed changes are reasonable
12 in the light of continuing changes in the cost and
13 delivery of health care," correct?

14 A. Correct.

15 Q. Is your statement, "As a result, the
16 proposed changes are reasonable in light of
17 continuing changes in the cost and delivery of
18 health care," dependent upon your premise here
19 relating to the high percentage of actual cost of
20 medical and prescription drug cost not existing in
21 1998?

22 MS. CAPOTOSTO: Object to form.

23 THE WITNESS: The premise is that additional --
24 all medical plans are worded in such a way that
25 they pick up those costs automatically. So they

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1 are, of necessity, covering services that were not
2 originally available in any given base year and
3 that they are covered as long as they are medically
4 necessary in the future.

5 BY MS. BRAULT:

6 Q. So would you agree with me that your
7 conclusion is dependent upon the proposition in
8 your first sentence that if the procedure code or
9 drug didn't exist in 1998, then it's a change --
10 well, let me strike that.

11 Other than the code not existing or the
12 drug not existing in 1998, is there any other
13 reason or basis for your conclusion that that
14 medical procedure or prescription drug did not
15 exist?

16 MS. CAPOTOSTO: Object to form.

17 THE WITNESS: No.

18 BY MS. BRAULT:

19 Q. So if we were to show that it's not true
20 that a code change always represents a
21 technological advance in medicine, then to the
22 extent we can show that, it would not support your
23 conclusion, correct?

24 MS. CAPOTOSTO: Object to form.

25 THE WITNESS: I think that if you could show

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1 that it never happens, then, perhaps, that would
2 undercut it entirely, I believe, but to the extent
3 that you could show that there are certain codes
4 that don't represent increases, then that would
5 certainly lessen the impact of the new procedures.

6 BY MS. BRAULT:

7 Q. Okay. We'll talk about that. In the
8 basis for your opinion you talk about medical
9 procedures since 1998, right?

10 A. Yes.

11 Q. You say that Exhibit 8 shows medical
12 expenses for 2009 through 2012 broken down between
13 services for codes that existed and services for
14 codes which did not. That all came out of Anthem?

15 A. That came out of the codes themselves that
16 were contained on the Anthem database and that we
17 have separate -- RBRVS filed it and the codes from
18 1998.

19 Q. And those were the -- we were looking at
20 those two files that were too big to open, and
21 without really causing problems, the note files,
22 that's in sort of the raw data form?

23 A. To be honest, I am not sure that those
24 were even summarized in the two files that are too
25 big to open. They were in the Notepad files.

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1 Q. They are in the Notepad files?

2 A. Yes, it would be in the Notepad files.

3 Q. The Anthem summaries are in 19 and 20, and
4 they are 47,000 and 46,000 kilobytes each. And
5 every time we try to open them, it crashes
6 everything.

7 It may take a little while, but we are
8 currently trying to open STAHL 39C. There we go.
9 So 39C is a Notepad document that has a bunch of
10 sort of raw data. Do you know which one of these
11 is the code information?

12 A. I don't know off the top of my head.

13 Q. You never tried to match a particular code
14 to any particular procedure, correct?

15 A. I did not personally.

16 Q. Okay. Are you familiar with the CPTs or
17 the coding system that are used? Is that something
18 that's familiar to you?

19 A. Not particularly.

20 Q. Do you know what they use them for?

21 A. To -- not specifically.

22 Q. You report that approximately 24 percent
23 of the records did not have a code and costs for
24 those claims are shown separately?

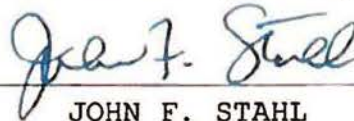
25 A. Correct.

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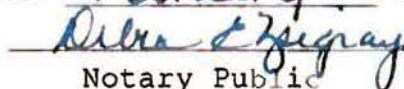
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1 UNITED STATES DISTRICT COURT
2 EASTERN DISTRICT OF MICHIGAN
3 SOUTHERN DIVISION
4 JACK REESE, JAMES)
CICHANOFSKY, ROGER)
5 MILLER and GEORGE NOWLIN)
on behalf of themselves)
6 and a similarly situated)
class,)
7 Plaintiffs,)
vs.) Case No. 04-70592
8 CNH GLOBAL N.V.,)
formerly known as Case)
9 Corporation and CNH)
AMERICA LLC,)
10 Defendants.)

11 This is to certify that I have read the
12 transcript of my deposition taken in the
13 above-entitled cause by Deanna Amore, Certified
14 Shorthand Reporter, on January 14, 2014, and that
15 the foregoing transcript accurately states the
16 questions asked and the answers given by me as they
17 now appear.

18 
JOHN F. STAHL

19 SUBSCRIBED AND SWORN TO
20 before me this 21st day
21 of February 2014.

22 
23 Notary Public



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1 STATE OF ILLINOIS)

2) SS:

3 COUNTY OF DU PAGE)

4 I, Deanna Amore, a notary public within and for
5 the County of DuPage County and State of Illinois,
6 do hereby certify that heretofore, to-wit, on
7 January 14, 2014, personally appeared before me, at
8 227 West Monroe Street, Chicago, Illinois, JOHN F.
9 STAHL, in a cause now pending and undetermined in
10 the United States District Court, Eastern District
11 of Michigan, Southern Division, wherein JACK REESE,
12 JAMES CICHANOFSKY, ROGER MILLER and GEORGE NOWLIN
13 on behalf of themselves and a similarly situated
14 class are the Plaintiffs, and CNH Global N.V.,
15 formerly known as Case Corporation and CNH AMERICA
16 LLC are the Defendants.

17 I further certify that the said witness was
18 first duly sworn to testify the truth, the whole
19 truth and nothing but the truth in the cause
20 aforesaid; that the testimony then given by said
21 witness was reported stenographically by me in the
22 presence of the said witness, and afterwards
23 reduced to typewriting by Computer-Aided
24 Transcription, and the foregoing is a true and
25 correct transcript of the testimony so given by

1 said witness as aforesaid.

2 I further certify that the signature to the
3 foregoing deposition was reserved by counsel for
4 the respective parties.

5 I further certify that the taking of this
6 deposition was pursuant to Notice, and that there
7 were present at the deposition the attorneys
8 hereinbefore mentioned.

9 I further certify that I am not counsel for nor
10 in any way related to the parties to this suit, nor
11 am I in any way interested in the outcome thereof.

12 IN TESTIMONY WHEREOF: I have hereunto set my
13 hand and affixed my notarial seal this 19th day of
14 January, 2014.

15

16

17

18

19

Dennis Amore



20

NOTARY PUBLIC, DUPAGE COUNTY, ILLINOIS

21

22

23

24

25

TOWERS WATSON Ms. Melissa Farah
February 21, 2014

Page	Line	Correction
44	10	Delete "locally"
45	15	"per" should be "for"
45	20	"to a" should be "down"
45	20	Delete "dot"
45	25	"assumed — not even quite" should be "assumed to have died – not even quite"
48	25	"— referred to as a contract" should be "two-party contract"
49	1	"means a" should be "a two-party"
49	1	"this" should be "that"
50	5	"and" should be "since"
50	10	"is" should be "are"
50	20	"a number of, hundred" should be "a number of one hundred"
50	20	Delete "by me"
60	24	"is" should be "are"
63	16	"continuous" should be "continuance"
63	20	"there" should be "it"
64	12	"individual" should be "individual did"
65	17	"of" should be "and"
66	4	"—" should be "surveys"
66	12	"out" should be "on"
68	23	"PPO" should be "PPO plans"
77	3	"Either" should be "we had a"
77	21	"so they" should be "But they have"
77	25	"education" should be "continuing education"
82	9	"Don Pooley" should be "Tom Coogan"
82	14	"in the" should be "and"
89	13-14	"to provide" should be "provided to"
89	15	"are" should be "is"
89	19	"sometimes" should be "as it's sometimes"
92	13	"of" should be "on"
92	22	"planned" should be "plan"
96	7	"path" should be "data"
98	3	"plans" should be "plan"
98	4	"documented" should be "documents"
110	2	"is" should be "are"

Page	Line	Correction
121	23	"provided" should be "been provided"
145	19	"specialized" should be "specializes"
146	2	"referred to" should be "reviewed"
167	16	"typical, I'm not" should be "typically, it's not"
168	2	"of" should be "for"
169	3	"is" should be "are"
169	22	"won't" should be "will"
182	5	"it's not" should be "they've got"
183	15	"to the group" should be "to, is the group"
185	16	"combatted" should be "valued"
189	15	"that" should be "any"
190	17	"simple" should be "simplified"
191	14	"been" should be "not"
205	15	"Medical" should be "Well"
205	17	"or" should be "for"
212	8	"not" should be "got"
216	12	"company" should be "cap"
216	13	"121" should be "161"
222	21	"part" should be "Part B"
223	16	"bargain" should be "bargained"
227	17	"filed it and" should be "file with"
228	19	"particularly" should be "specifically"
232	1	"was" should be "was an"
241	5	"what" should be "that"